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Behavioral Health Services Needs and Availability for Young Children Involved in the Child Welfare System

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BEHAVIORAL HEALTH SERVICE NEEDS AND AVAILABILITY FOR YOUNG CHILDREN INVOLVED IN THE CHILD WELFARE SYSTEM

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Columbus, OH*

*Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health
March 2015*



THE OHIO STATE UNIVERSITY

COLLEGE OF SOCIAL WORK

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- We would also like to thank our child welfare and behavioral health partners for their collaboration.

SESSION OBJECTIVES

- Participants will...
 - Identify key characteristics of young children (0-5 years old) involved in child welfare
 - Learn about the prevalence of behavioral health service needs and use among children 0-5 years old involved in child welfare
 - Learn about the availability of behavioral health services targeted toward children aged 0-5 years old
 - Have the opportunity to engage in a discussion on this study's findings and trends they have seen in the populations they serve

WHAT DO WE KNOW?

- Children from 0-5 comprise nearly half of child maltreatment victims
 - Face significant risks for toxic stress that can lead to poor behavioral health, developmental, and educational outcomes
 - 32% experience a behavioral health need
- Developmentally appropriate services exist and can improve behavioral health outcomes for young children
 - Large gaps exist between service need and receipt, with an estimate of 7% of 0-5 children receiving needed services

WHAT DON'T WE KNOW?

- Unique features and behavioral health needs of young children involved with child welfare
- Availability of developmentally appropriate services in the community
- How behavioral health needs and service use for young children align



STUDY PURPOSE & DESIGN

Identify key characteristics, behavioral health service needs, and service receipt among young children in child welfare custody in a Midwestern county



Child
Welfare
Records



Identify behavioral health services available to young children in this community.



Organizational
Capacity

STUDY CONTEXT

- System demonstration project
 - Promote access to behavioral health services
 - Study conducted during the planning phase of the demonstration project
- County-based public child welfare agency in a large, urban area in the Midwest

PART I

Child Welfare Records

METHODS

- Selected child welfare case records for children 0-5 years old who had been in custody within a 6-month time frame (n=599)
- Records reviewed for:
 - Demographic characteristics
 - Number and type of abuse allegations
 - Placement type
 - Abuse risk
 - Behavioral health service needs
 - Behavioral health service receipt

SAMPLE DEMOGRAPHICS

| Variable | Description | % (n) |
|-----------------------------------|-------------------------------|---|
| Demographics | | |
| <i>Gender</i> | Male | 51% (306) |
| | Female | 49% (293) |
| <i>Race</i> | Black | 33% (110) |
| | Hispanic | 7% (25) |
| | White | 43% (144) |
| | 2 or more races | 16% (54) |
| CW Demographics | | |
| <i>Placement type</i> | Foster care | 58% (345) |
| | Kinship care | 30% (177) |
| | Pre-adoptive home | 7% (42) |
| | Trial home visit | 5% (29) |
| <i>Time in custody (mean, SD)</i> | Days in child welfare custody | 583 days (\approx 19 months) (310 days) RANGE = 1 – 1583 days |

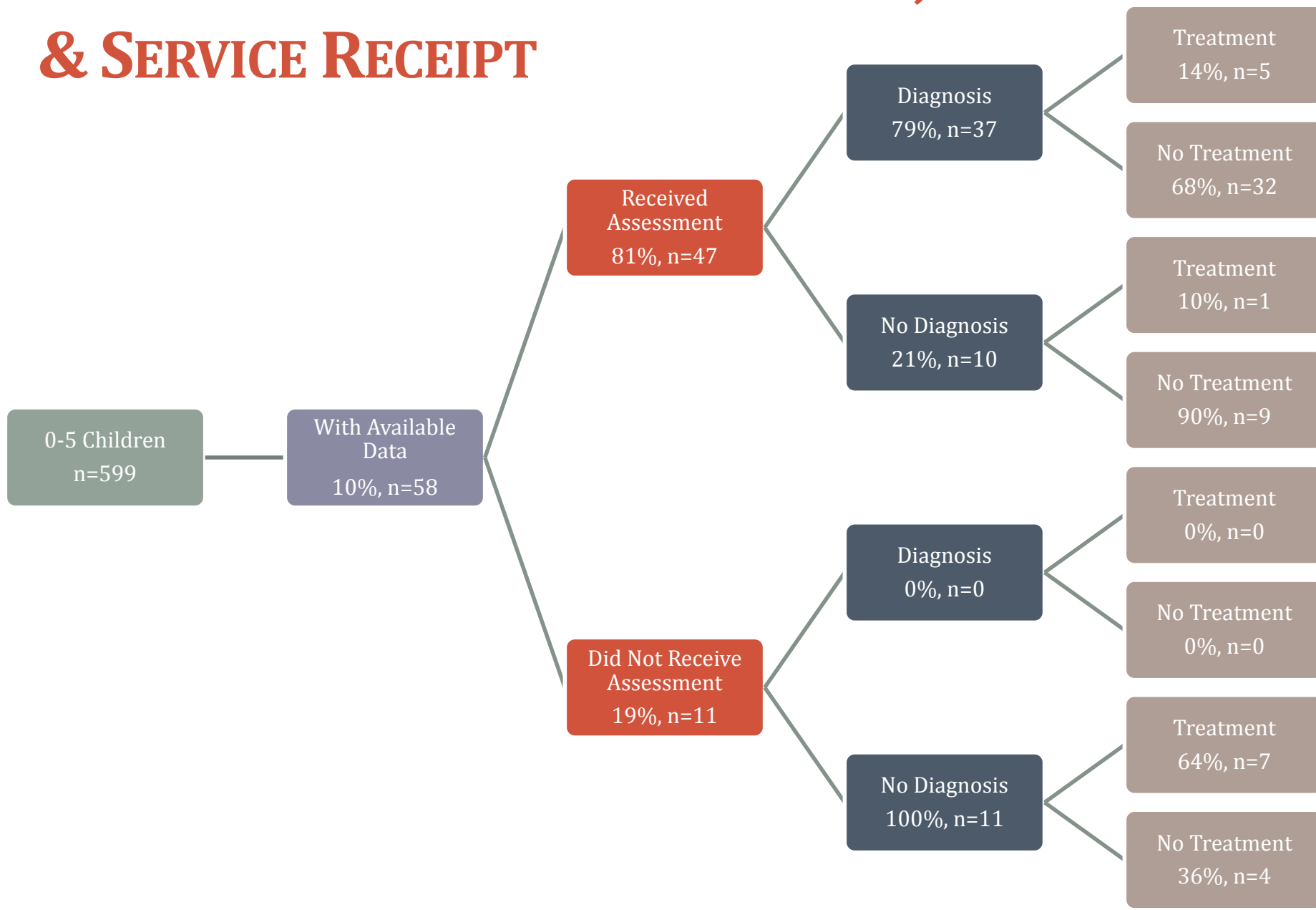
SAMPLE DEMOGRAPHICS

| Variable | Description | % (n) |
|--|------------------------------------|------------------|
| CW Demographics | | |
| <i>Allegation type</i> <i>*Multiple response options</i> | Physical Maltreatment | 80% (368) |
| | Neglect | 61% (280) |
| | Emotional Maltreatment | 4% (19) |
| | Medical Neglect | 12% (57) |
| | Sexual Maltreatment | 19% (89) |
| | Dependent | 32% (147) |
| <i>Abuse risk</i> <i>(measured using the Structured Decision Making Instrument)</i> | Low | 7% (158) |
| | Moderate | 23% (102) |
| | High | 55% (241) |
| | Intensive | 15% (65) |
| | 1+ prior reports | 72% (303) |
| | Major issues with parenting skills | 27% (115) |
| | Parental mental health problem | 9% (38) |
| | Caregiver in harmful relationships | 34% (144) |
| Caregiver substance abuse problem | 53% (224) | |
| Caregiver abused as child | 42% (174) | |

BEHAVIORAL HEALTH INFORMATION

| Variable | Description |
|--------------------------|---|
| Behavioral Health | |
| <i>Need</i> | Any behavioral health concern noted by a DSM III diagnosis in the case record |
| <i>Diagnosis type</i> | Behavioral health diagnosis type: ASD, Attention Disorders, Adjustment Disorders, Anxiety Disorders, Disruptive Disorders, Mood Disorders, Substance Use Disorders, Psychotic Disorders, Learning Disabilities, Developmental Disabilities, V-codes, Personality Disorders, & Other |
| <i>Assessment</i> | Receipt of a behavioral health assessment |
| <i>Service receipt</i> | Receipt of a behavioral health service including consultation, counseling, or medication monitoring |

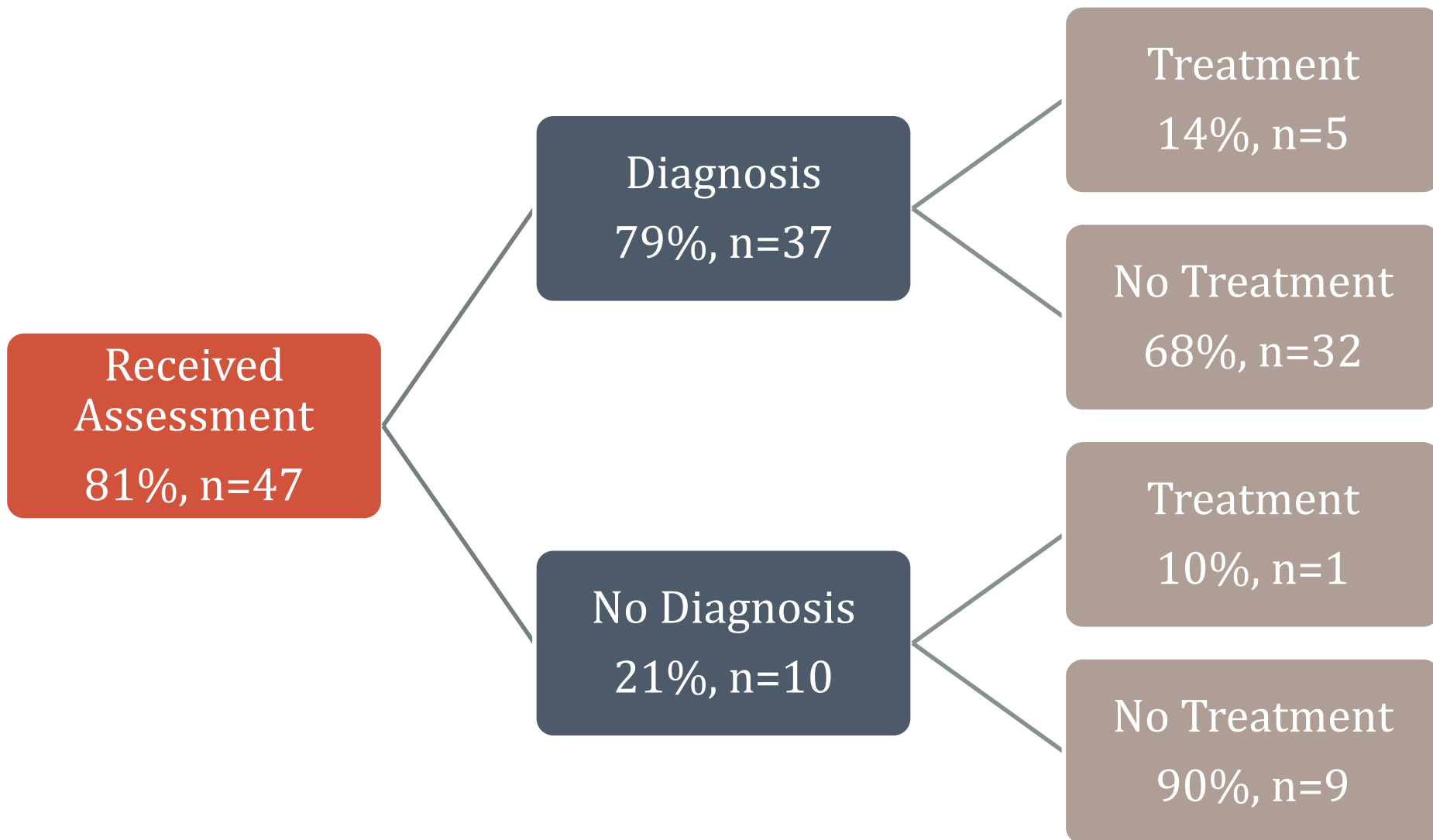
BEHAVIORAL HEALTH ASSESSMENT, DIAGNOSIS & SERVICE RECEIPT



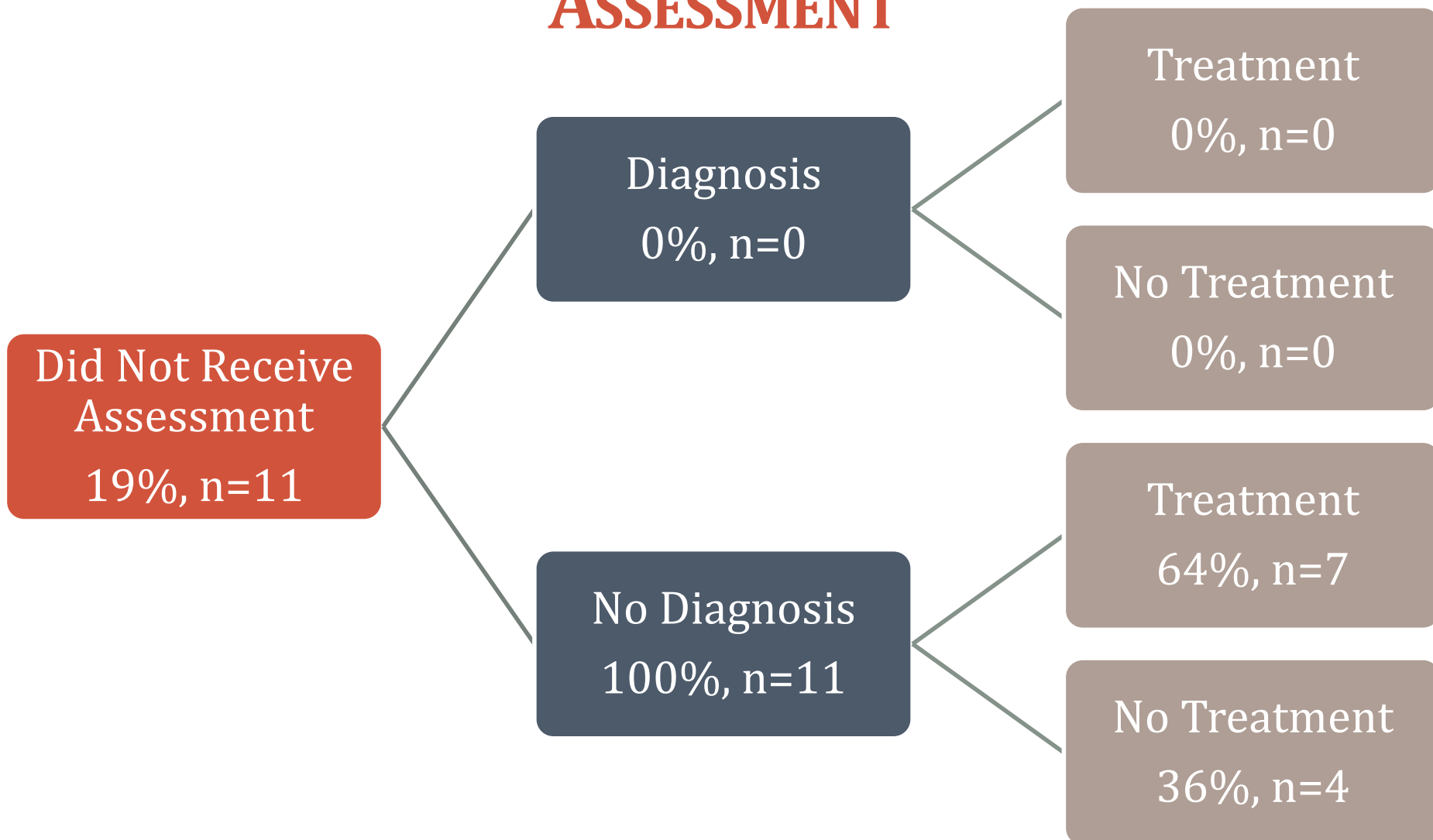
BEHAVIORAL HEALTH ASSESSMENT RECEIPT



CHILDREN WHO RECEIVED A BH ASSESSMENT



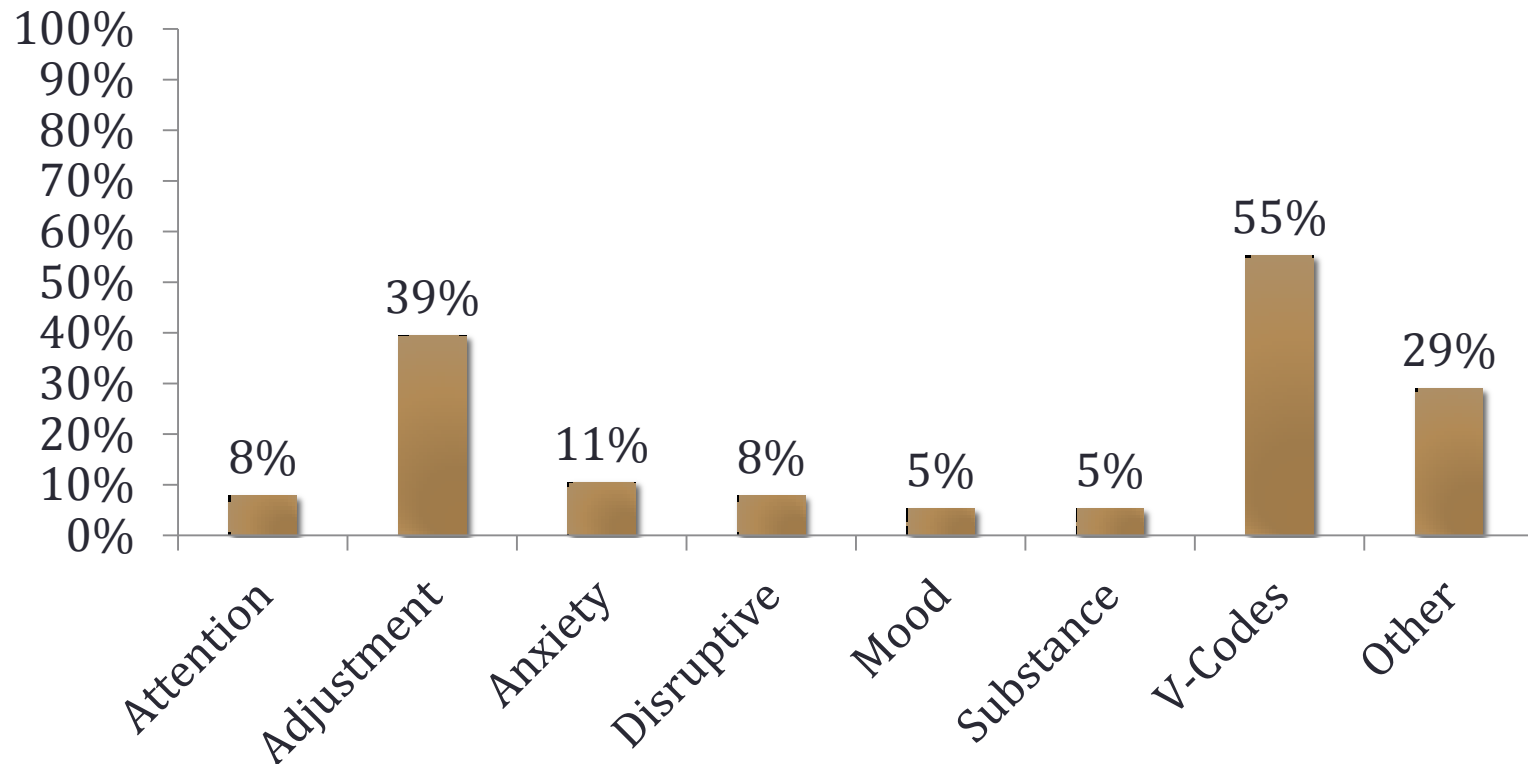
CHILDREN WHO DID NOT RECEIVE A BH ASSESSMENT



BEHAVIORAL HEALTH NEED & DIAGNOSIS

- Eight percent of young children in the sample had a behavioral health diagnosis or concern (n=38)

Diagnosis Types



DEMOGRAPHICS

FULL SAMPLE VS. BEHAVIORAL HEALTH SAMPLE

| | Full Sample (N=599) | Behavioral Health Sample (N=38) |
|-----------------------------------|---------------------|---------------------------------|
| | %(n) | %(n) |
| <i>Gender</i> | | |
| Male | 51%(306) | 61%(23) |
| Female | 49%(293) | 39%(15) |
| <i>Placement Type</i> | | |
| Foster Care | 58%(345) | 79%(30) |
| Kinship | 30% (177) | 13% (5) |
| Pre-Adoptive | 7% (42) | 3% (1) |
| Trial Home Visit | 5% (29) | 5% (2) |
| <i>Days in Custody (mean, SD)</i> | 583(310) | 622(322) |

DEMOGRAPHICS

FULL SAMPLE VS. BEHAVIORAL HEALTH SAMPLE

| | Full Sample (N=599) | Behavioral Health Sample (N=38) |
|------------------------|------------------------|------------------------------------|
| | %(n) | %(n) |
| <i>Allegation Type</i> | | |
| <i>Physical</i> | 80%(368) | 95%(36) |
| <i>Neglect</i> | 61%(280) | 66%(25) |
| <i>Dependent</i> | 32% (147) | 18% (7) |
| <i>Emotional</i> | 4% (19) | 8% (3) |
| <i>Sexual</i> | 19% (89) | 37% (14) |
| <i>Medical Neglect</i> | 12% (57) | 5% (2) |
| <i>Abuse Risk</i> | | |
| <i>Intensive</i> | 15% (65) | 13% (5) |
| <i>High</i> | 55%(241) | 50%(19) |
| <i>Moderate</i> | 23% (102) | 21% (8) |
| <i>Low</i> | 7% (158) | 0% (0) |

PART II

Organizational Capacity Survey

METHODS

- N=44 organizations
 - 34% of all behavioral health agencies in a 7-county region
- On-line survey administered to agency directors
 - Organizational demographics
 - Types of service programs

TREATMENT MODEL INCLUSION CRITERIA

- Targeted toward children age 0-21 years old
- Program focuses on
 - Children's mental/behavioral health AND/OR
 - Parenting skills for children with mental/behavioral health problems
- Listed in a program registry
 - California Evidenced-Based Clearinghouse for Child Welfare
 - Casey Foundation
 - CrimeSolutions.gov
 - Office of Juvenile Justice and Delinquency Programs
 - Washington State Children's Evidence Based Practice Expert Panel
- Relevance to child welfare (medium or above)
- Scientific rating (promising or better) = Evidence-Informed

(As of May 2013)

ORGANIZATIONAL DEMOGRAPHICS

| Variable | Description | %/Mean |
|-----------------|--|---------------------------------------|
| <i>Age</i> | Years since founding | 53 years (SD = 43) Range = 4 - 183 |
| <i>Size</i> | Number of employees (F/T & P/T) & volunteers | 125.6 (SD = 264) Range = 4 - 1705 |
| <i>Revenue</i> | Annual revenue | \$52.5m Range = \$20,000 - \$1.19b |
| <i>Status</i> | Non-profit For-Profit Public | 82% 16% 2% |
| <i>Contract</i> | Presence of a contract with local public CW agency (Y/N) | 71% |

SERVICES REPORTED

| Variable | Description | Results |
|-------------------------|--|---|
| Treatment Models | | |
| <i>Reported</i> | All types of treatment models reported (from checklist and write-ins) | System: N=200 treatment models; 46 unique models Agency: M=5 (SD=5, Range=1-21) |
| <i>EIPs</i> | Evidence Informed Practices | System: 70% (n=140) Agency: M=4 (SD=4, Range=0-19) |
| <i>Target Age</i> | Age group(s) of participants served by the program. <ul style="list-style-type: none"> • ELIGIBLE = 0-5 years old included • ECMH SPECIALTY = 0-5 years old only | N=35; 80% of agencies N=15; 34% of agencies |

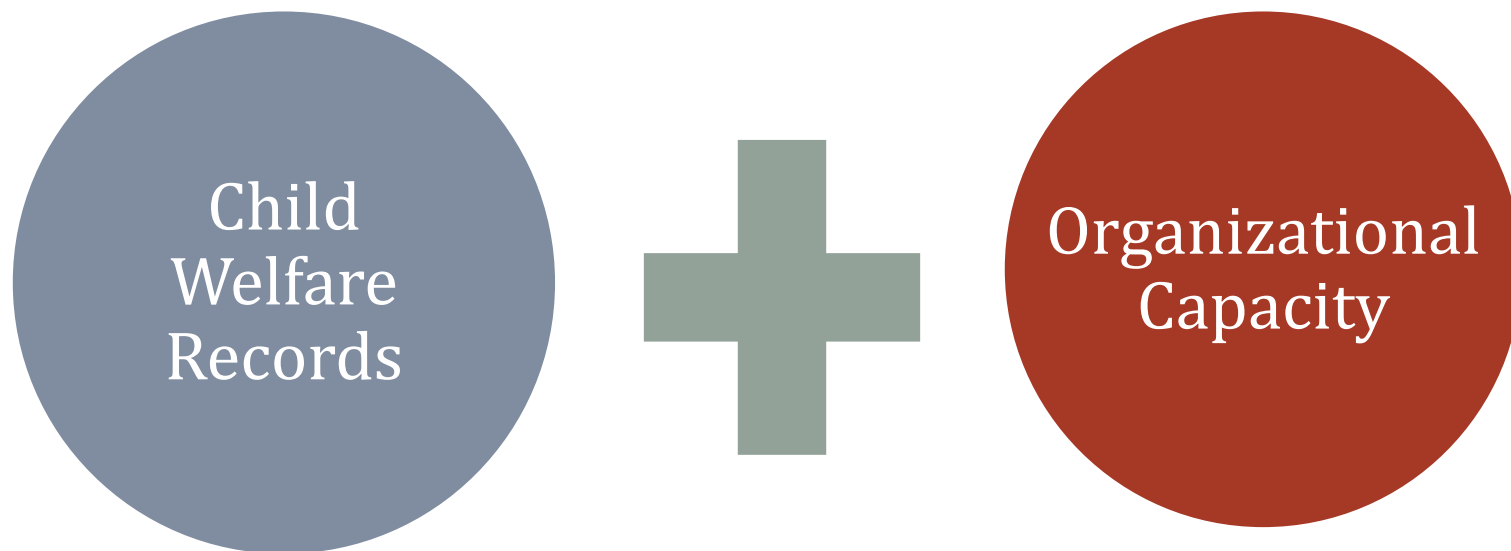
EARLY CHILDHOOD SERVICES REPORTED

- Of those agencies providing treatments open to young children (n=35 organizations):
 - Cognitive Behavioral Therapy (CBT) (n=26, 74%)
 - Wide range of behavioral health problems
 - Children ages 3+ & their caregiver
 - Trauma-Focused CBT (TF-CBT) (n=15, 43%)
 - PTSD, Depression, Anxiety and/or Shame
 - Children ages 3+ & their caregiver
 - Family Psychoeducation (n=8, 23%)
 - All types of behavioral health problems
 - Children of all ages & their caregiver

EARLY CHILDHOOD SERVICES REPORTED

- Of those agencies providing specialized ECMH treatment (n=15 organizations):
 - Children with Sexual Behavior Problems Cognitive Behavioral Treatment Program: Preschool Group (CSBP-CBT) (n=9; 60%)
 - Sexual behavior problems
 - Children ages 3-6 & their caregivers
 - Parent-Child Interaction Therapy (PCIT) (n=6; 40%)
 - Behavior and parent-child interaction problems
 - Children ages 3-6 and their caregivers
 - Child-Parent Psychotherapy (CPP) (n=2; 13%)
 - Trauma, Anxiety, and Mood Disorders
 - Children ages 0-5 and their caregivers

PART III: PUTTING IT ALL TOGETHER



Treatment Availability and BH Prevalence

Treatment Availability and Behavioral Health Prevalence

Attention Problems

| | |
|-------------------------------|--|
| <i>Prevalence</i> | 8% |
| <i>EC Treatment</i> | <ul style="list-style-type: none"> • Parent-Child Interaction Therapy (n=6) • Incredible Years (n=2) |
| <i>Treatment for all ages</i> | <ul style="list-style-type: none"> • Cognitive Behavior Therapies (n=26) |

Anxiety & Mood Disorders

| | |
|-------------------------------|--|
| <i>Prevalence</i> | Anxiety: 11%; Mood: 5% |
| <i>EC Treatment</i> | <ul style="list-style-type: none"> • Child-Parent Psychotherapy (n=2) |
| <i>Treatment for all ages</i> | <ul style="list-style-type: none"> • Family Psychoeducation (n=8) • Homebuilders* (n=1) • Trauma Focused CBT (n=15) • Integrated Family and Systems Treatment (n=1) • Cognitive Behavior Therapies (n=26) |

Disruptive Behavior Disorders

| | |
|-------------------------------|--|
| <i>Prevalence</i> | 8% |
| <i>EC Treatment</i> | <ul style="list-style-type: none"> • Child-Parent Psychotherapy (n=2) • Incredible Years (n=2) • Multidimensional Treatment Foster Care – Preschool (n=1) • Parent-Child Interaction Therapy (n=6) • Children with Sexual Behavior Problems Cognitive Behavioral Treatment Program: Preschool Group (n=9) |
| <i>Treatment for all ages</i> | <ul style="list-style-type: none"> • Helping the Non-Compliant Child (n=1) • Aggression Replacement Training (n=5) • Cognitive Behavior Therapies (n=26) |

Other Concerns

| | |
|-------------------------------|--|
| <i>Prevalence</i> | Adjustment: 39%; V-Codes: 55%; Other: 29% |
| <i>EC Treatment</i> | <ul style="list-style-type: none"> • V-Codes are often used for children who are too young for a formal diagnosis. They are also used to indicate abuse or neglect and parent-child relational problems. Treatments for these types of problems can be found under the trauma or parenting category. • Treatment for adjustment and other disorders will depend upon the specific needs of the child |
| <i>Treatment for all ages</i> | <ul style="list-style-type: none"> • See above |

Substance Use

| | |
|-------------------------------|----|
| <i>Prevalence</i> | 5% |
| <i>EC Treatment</i> | -- |
| <i>Treatment for all ages</i> | -- |

Trauma

| | |
|-------------------------------|--|
| <i>EC Treatment</i> | <ul style="list-style-type: none"> • Child-Parent Psychotherapy (n=2) • Parent-Child Interaction Therapy (n=6) |
| <i>Treatment for all ages</i> | <ul style="list-style-type: none"> • Trauma Focused CBT (n=15) |

Parenting

| | |
|-------------------------------|--|
| <i>EC Treatment</i> | <ul style="list-style-type: none"> • Healthy Families America (Home Visiting for Child Well-Being) (n=2) • Nurse-Family Partnership (n=1) • Promoting Alternative Thinking Strategies (n=2) |
| <i>Treatment for all ages</i> | <ul style="list-style-type: none"> • Integrated Family and Systems Treatment (n=1) • KidsSTEP (Systematic Training for Effective Parenting) (n=1) • Nurturing Parent (n=7) • Together Facing the Challenge (foster parents) (n=1) • Homebuilders* (n=1) |

Treatment Availability and BH Prevalence

Treatment Availability and Behavioral Health Prevalence

Attention Problems

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| <i>Treatment for all ages</i> | <ul style="list-style-type: none"> • Cognitive behavior therapies (n=20) |

Anxiety & Mood Disorders

| | |
|-------------------------------|--|
| <i>Prevalence</i> | Anxiety: 11%; Mood: 5% |
| <i>EC Treatment</i> | <ul style="list-style-type: none"> • Child-Parent Psychotherapy (n=2) |
| <i>Treatment for all ages</i> | <ul style="list-style-type: none"> • Family Psychoeducation (n=8) • Homebuilders* (n=1) • Trauma Focused CBT (n=15) • Integrated Family and Systems Treatment (n=1) • Cognitive Behavior Therapies (n=26) |

Disruptive Behavior Disorders

| | |
|-------------------------------|---|
| <i>Prevalence</i> | 8% |
| <i>EC Treatment</i> | <ul style="list-style-type: none"> • Child-Parent Psychotherapy (n=2) • Incredible Years (n=2) • Multidimensional Treatment Foster Care – Preschool (n=1) • Parent-Child Interaction Therapy (n=6) • Children with Sexual Behavior Problems Cognitive Behavioral Treatment Program: Preschool Group (n=9) • Helping the Non-Compliant Child (n=1) |
| <i>Treatment for all ages</i> | <ul style="list-style-type: none"> • Aggression Replacement Training (n=5) • Cognitive Behavior Therapies (n=26) |

Other Concerns

| | |
|-------------------------------|--|
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| <i>Treatment for all ages</i> | <ul style="list-style-type: none"> • See above |

Substance Use

| | |
|-------------------------------|----|
| <i>Prevalence</i> | 5% |
| <i>EC Treatment</i> | -- |
| <i>Treatment for all ages</i> | -- |

Trauma

| | |
|-------------------------------|--|
| <i>EC Treatment</i> | <ul style="list-style-type: none"> • Child-Parent Psychotherapy (n=2) • Parent-Child Interaction Therapy (n=6) |
| <i>Treatment for all ages</i> | <ul style="list-style-type: none"> • Trauma Focused CBT (n=15) |

Parenting

| | |
|-------------------------------|--|
| <i>EC Treatment</i> | <ul style="list-style-type: none"> • Healthy Families America (Home Visiting for Child Well-Being) (n=2) • Nurse-Family Partnership (n=1) • Promoting Alternative Thinking Strategies (n=2) |
| <i>Treatment for all ages</i> | <ul style="list-style-type: none"> • Integrated Family and Systems Treatment (n=1) • KidsSTEP (Systematic Training for Effective Parenting) (n=1) • Nurturing Parent (n=7) • Together Facing the Challenge (foster parents) (n=1) • Homebuilders* (n=1) |

Treatment Availability and BH Prevalence

Treatment Availability and Behavioral Health Prevalence

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|-------------------------------|--|
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Anxiety & Mood Disorders

| | |
|-------------------------------|--|
| <i>Prevalence</i> | Anxiety: 11%; Mood: 5% |
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| <i>Treatment for all ages</i> | <ul style="list-style-type: none"> • Family Psychoeducation (n=8) • Homebuilders* (n=1) • Trauma Focused CBT (n=15) • Integrated Family and Systems Treatment (n=1) • Cognitive Behavior Therapies (n=26) |

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| | |
|-------------------------------|---|
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Other Concerns

| | |
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| <i>Treatment for all ages</i> | <ul style="list-style-type: none"> • See above |

Substance Use

| | |
|-------------------------------|----|
| <i>Prevalence</i> | 5% |
| <i>EC Treatment</i> | -- |
| <i>Treatment for all ages</i> | -- |

Trauma

| | |
|-------------------------------|--|
| <i>EC Treatment</i> | <ul style="list-style-type: none"> • Child-Parent Psychotherapy (n=2) • Parent-Child Interaction Therapy (n=6) |
| <i>Treatment for all ages</i> | <ul style="list-style-type: none"> • Trauma Focused CBT (n=15) |

Parenting

| | |
|-------------------------------|--|
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DISCUSSION

In this community, assessing young children's behavioral health needs and service availability is challenging ***without age-appropriate and complete data!***

DISCUSSION

Identification of Needs

- Low prevalence of behavioral health problems among young children documented in case records
 - In records = 8%
 - National estimates = 32%
- Yet, high risk for behavioral health problems
 - High risk for maltreatment
 - Long periods of time in out-of-home placements

DISCUSSION

Service Needs Met?

- Many received assessments and subsequent diagnoses, few received behavioral health services as documented.
- Only 10% with available data – SACWIS is not a BH record

DISCUSSION

Service Needs Met?

- Availability of developmentally-appropriate treatment
 - ECMH specialty services are available in the region
 - But, may not meet full range of service needs
 - Most service needs are related to adjustment disorders or other unspecified problems (e.g., V-Codes)
 - Yet, available specialty services are geared toward disruptive behavior disorders, particularly problem sexual behaviors

LIMITATIONS

- One urban region – limited generalizeability
 - Service availability likely to vary across regions; rural and suburban regions tend to have fewer service resources
- Use of DSM diagnosis to indicate service need
 - Could inaccurately represent behavioral health needs for young children
 - Needs of young children in our study may be under-identified.
- Use of case records
 - Incomplete
 - Data entered by workers
- Low organizational survey response rate
 - Underestimate availability of services

RECOMMENDATIONS

- **Systematic Identification of Young Children with Behavioral Health Problems**
 - Implement standardized and developmentally-tailored screening and assessment tools within child welfare settings (e.g. Devereux Early Childhood Assessment)

RECOMMENDATIONS

- **Improve Documentation of Children's Behavioral Health Needs and Services**
 - Routinize entry of behavioral health service needs, diagnoses, and services received into child welfare case records

AND/OR

- Integrated and shared data systems across BH and CW systems

RECOMMENDATIONS

- **Strengthen Partnerships Between Child Welfare and Behavioral Health Systems**
 - Target Referrals - Identify providers in the community that deliver ECMH services; develop/strengthen referral relationships to facilitate access to existing services.

FUTURE RESEARCH DIRECTIONS

- Assess validity of behavioral health data in child welfare case records
 - Compare to other data sources (e.g. Medicaid billing records)
- Alternative methods of assessing regional service capacity
 - Use interviews or other methods
- Deeper exploration of services for 0-5 children (using other child welfare and Medicaid records)

QUESTIONS FOR YOU!

- *Are there similarities or differences in your region for BH service need, receipt, and availability?*
- *How do you identify BH needs in child welfare case records?*
- *How do you keep track of the BH service array in your area?*

QUESTIONS FOR US?

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